

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number Q88299 Confirmation Number 8563								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Daisuke OGURA</td> </tr> <tr> <td style="width: 60%; padding: 5px;">Application Number 10/537,699</td> <td style="padding: 5px;">Filed June 6, 2005</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For RADIO ACCESS NETWORK CONTROL METHOD AND RADIO ACCESS NETWORK</td> </tr> <tr> <td style="padding: 5px;">Art Unit 2618</td> <td style="padding: 5px;">Examiner Philip Sobutka</td> </tr> </table>		In re Application of Daisuke OGURA		Application Number 10/537,699	Filed June 6, 2005	For RADIO ACCESS NETWORK CONTROL METHOD AND RADIO ACCESS NETWORK		Art Unit 2618	Examiner Philip Sobutka
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Art Unit 2618	Examiner Philip Sobutka									
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.										
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$540.00										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____										
<input checked="" type="checkbox"/> Payment by credit card.										
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.										
<input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.										
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.										
CORRESPONDENCE ADDRESS										
Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:										
<small>WASHINGTON OFFICE</small> <div style="font-size: 1.5em; font-weight: bold;">23373</div> <small>CUSTOMER NUMBER</small>										
I am the										
<input type="checkbox"/> applicant/inventor.	<div style="text-align: right;">/ Laura Moskowitz/</div> <hr/> <div style="text-align: right;">Signature</div>									
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.	<div style="text-align: right;">Laura Moskowitz</div> <hr/> <div style="text-align: right;">Typed or printed name</div>									
<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<div style="text-align: right;">(202) 293-7060</div> <hr/> <div style="text-align: right;">Telephone number</div>									
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 55,470	<div style="text-align: right;">October 22, 2010</div> <hr/> <div style="text-align: right;">Date</div>									
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	<div style="text-align: right;">October 22, 2010</div> <hr/> <div style="text-align: right;">Date</div>									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
<input checked="" type="checkbox"/> *Total of <u>1</u> form is submitted.										